

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/09/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155177</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 , 04</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/03/2012</b>	
NAME OF PROVIDER OR SUPPLIER  <b>WESTMINSTER VILLAGE - WEST LAFAYETTE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2741 N SALISBURY ST</b> <b>WEST LAFAYETTE, IN 47906</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>A Life Safety Code and Environmental Preoccupancy Survey for the renovation of the Pavilion with 17 beds, and a Quality Assurance Walk-thru of the entire facility were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/03/12</p> <p>Facility Number: 000093 Provider Number: 155177 AIM Number: NA</p> <p>Surveyor: Bridget Brown, Medical Surveyor, Life Safety Code Specialist</p> <p>At this Life Safety Code, Environmental Preoccupancy, and Quality Assurance survey, Westminster Village-West Lafayette was found to be in compliance with the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) Chapter 19, Existing Health Care Occupancies.</p> <p>The facility was determined to be of Type III (211) construction. The facility was fully sprinklered, has a fire alarm system with hard wired smoke detection in the corridors, resident rooms and spaces open to the corridors. The facility has the capacity for 72 and had a census of 42 residents.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing</p>			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 facility services were sprinklered.			K 000			
K 000	<p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/05/12.</p> <p>INITIAL COMMENTS</p> <p>A Life Safety Code and Environmental Preoccupancy Survey for the renovation of the Pavilion with 17 beds, and a Quality Assurance Walk-thru of the entire facility were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a)..</p> <p>Survey Date: 10/03/12</p> <p>Facility Number: 000093 Provider Number: 155177 AIM Number: NA</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code, Environmental Preoccupancy, and Quality Assurance survey, Westminster Village-West Lafayette was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101 and 410 IAC 16.2 -3.1-19, Environment and Physical Standards of Indiana's Health Facilities for Comprehensive care facilities in the renovated Pavilion. The Terrace and Pavilion were surveyed with Life Safety Code (LSC), Chapter 18, New Health Care Occupancies.</p> <p>The Terrace and Pavilion were located in the one story building determined to be of Type III (211)</p>			K 000			

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K 000	<p>Continued From page 2</p> <p>construction which was fully sprinklered and has a fire alarm system with hardwired smoke detection in the corridors, resident rooms and spaces open to the corridors. The facility has the capacity for 72 residents and had a census of 48 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p>	K 000			